

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44965

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 5645 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Tulsa			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora Twsp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Tulsa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Residence of Raymond Green			Length of stay in lb 4 mos.	d. STREET ADDRESS (If outside, give location) Mark Twain Hotel			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle GRANT Last POPE				4. DATE OF DEATH Month Dec. Day 5 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 1, 1904		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Clever, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME J. G. Pope				14. MOTHER'S MAIDEN NAME Martha Ann Merritt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 454-05-9434		17. INFORMANT Address Mrs. Maxine Lehman, Clever, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinomatosis of Rectum DUE TO (c) + adjacent Pelvic structures PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 154X							INTERVAL BETWEEN ONSET AND DEATH 37 hrs. Diagnosed 7/16/57.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 2:40 Month 12 Day 2 Year 1957 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 12/2/57		COUNTY Nixa STATE Missouri	
21. I attended the deceased from 8/11/57 to 12/2/57 and last saw him alive on 12/2/57 . Death occurred at 2:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Berneth Glover M.D.				22b. ADDRESS Nixa, Mo.		22c. DATE SIGNED 12/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/7/1957	23c. NAME OF CEMETERY OR CREMATORY Delaware Cemetery		23d. LOCATION (City, town, or county) Nixa, Missouri		(State)
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-11-57		26. REGISTRAR'S SIGNATURE Ora Mc Natt	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John Sean Harris

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Ohio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.